Highlights

- On 10 April, the Venezuela Government made effective more than 50 per cent of the first down payment to the COVAX facility. In addition, the country shifted from a committed to an optional vaccine purchasing modality.
- During April, 5,504 pregnant women, including some 1,696 pregnant adolescents, were treated during their first prenatal consultation, while 10,874 women, including 1,244 adolescents, and their new-borns (5,616 boys and 5,258 girls) received care in UNICEF-supported delivery rooms and obstetrics services across 128 health centres, including outpatient health care centers, comprehensive diagnostic centres, and hospitals.
- Preventive and curative nutritional services were provided nationwide to 9,949 children under five (4,734 girls and 5,215 boys), including 124 indigenous children and 29 children with disabilities.
- In Zulia state, rehabilitation works of Zanzibar water treatment plant and Puerto Cuervito water pumping station, located in the indigenous municipality of Guajira (border with Colombia) were completed, providing access to safe water for the first time after 10 years out of service, to 15,000 persons (10,277 adults, 2,375 girls, and 2,349 boys).
- UNICEF distributed learning kits to 127 schools, benefiting 29,321 students (14,241 girls and 15,080 boys), including 335 children from indigenous populations and 83 children with disabilities.
Funding Overview and Partnerships
In 2021, UNICEF is appealing for US$ 201.8 million to continue providing life-saving services for women and children in Venezuela affected by a triple burden: the protracted socio-economic and political context, the COVID-19 pandemic, and mixed migration flows across international borders. This funding will enable UNICEF to reach 3.8 million people, including 2.2 million children, in the most vulnerable communities. As of April 2021, UNICEF had US$ 36.9 million available to support the implementation of child protection, education, health, nutrition, and water, sanitation and hygiene (WASH) interventions. Of this amount, US$ 28.2 million was carried over from 2020 and US$ 8.7 million raised in 2021. UNICEF expresses its sincere gratitude to all public and private donors for contributions received. To reduce the 82 per cent funding gap for the 2021 HAC, UNICEF calls upon the international community to provide additional and flexible support to sustain UNICEF’s response. Without sufficient funding, UNICEF will be unable to support critical activities such as school feeding, which is key for retention and good school performance. In addition, funds are required for interventions aimed at safeguarding essential health services, preventing and addressing malnutrition, mitigating and responding to protection risks, and facilitating access to safe water. UNICEF Venezuela underscores the urgent need of resources to purchase routine immunization vaccines and strengthen the national cold chain system. Not only will this contribute to ensuring routine immunization vaccines are transported and stored at appropriate temperatures from the point of manufacture to the point of use, but will also support the critical preparatory work for Venezuela’s COVID-19 vaccine readiness, through a functioning cold chain system.

Situation Overview & Humanitarian Needs
On 10 April, the Venezuela Government made effective more than 50 per cent of the first down payment to the COVAX facility. In addition, the country shifted from a committed to an optional vaccine purchasing modality.1 It is expected that Venezuela will be included in the June COVAX vaccines country allocation, despite the uncertainty regarding the type of vaccine that will be selected and accepted by the country. As of 30 April, Venezuela has received a total of 880,000 doses of vaccines, including some 130K doses of Sputnik V received during the reporting period.2 During April, vaccination campaigns targeting teachers, senior citizens and people with two comorbidities were carried out, as vaccination of health personnel continued. Following the rise of confirmed positive cases in the country, the first week of April was not opened under the ‘flexibilization’ scheme, being the third continuous week of lockdown since mid-March, which impacted demand for services across the country.

During April, armed conflict continued in the bordering state of Apure. On 26 April, the Venezuelan Defence Minister, announced the death of several soldiers in clashes with an illegal armed group in the western state of Apure, near the border with Colombia. According to the Interagency Group on Mixed Migration Flux (GIFMM by its Spanish acronym), as of 23 April, at least 5,409 people have fled Apure state for Arauquita, in Colombia, of which 39 per cent (2,109) are children.

The Colombian Migration entity informed that border crossing, through land or river, will continue to be closed until 1 June. That said, mixed migratory movements through illegal crossings, have been reported by UNICEF partners between Venezuela and bordering countries.

Furthermore, on 19 April, the Government of Venezuela and the World Food Programme (WFP) signed a memorandum of understanding for the UN agency’s commencement of humanitarian operations in Venezuela. As per the agreement, WFP will provide meals to pre-school children and special education schools, while rehabilitating school kitchens and building capacities to school staff on food safety practices. WFP plans to reach some 185,000 children in Venezuela during 2021 and will aim at benefitting 1.5 million students by 2022-2023, with school meals. UNICEF maintains regular communication with WFP and together are exploring a joint strategy to scale up the school feeding programme, seeking complementarity.

During April, power outages continued, and fuel shortages have been reported by UNICEF partners across the country. According to media sources, the state of Bolivar was not supplied with fuel for three weeks, which has challenged operations for implementing partners in that state. Lastly, on 28 April the Venezuelan Education Minister Prof. Aristobulo Isturiz passed away, who was a university professor and long-serving politician occupying different roles since the early eighties, including Vice-president, Governor of Anzoátegui state, Member of the Parliament, Vice President of the Constituent Assembly, Minister of Education and Minister of Communes, Mayor of Libertador municipality (Caracas).

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1 The COVAX Facility is offering two arrangements for self-financing entities wishing to join. In the “Committed Purchase” arrangement, participants make a lower upfront payment of $1.60/dose or $3.20/person and provide a financial guarantee of $8.95/dose or $17.90/person. A Committed Purchase participant may only opt out of candidates if it indicates in its Commitment Agreement that it is not interested in purchasing vaccines with prices exceeding $21.10/dose, which is twice the all-inclusive estimated weighted average cost per dose. In the “Optional Purchase” arrangement, a participant makes an upfront payment covering its full pro-rata share of the investments required by the Facility to enter into agreements with manufacturers and accelerate scale/access ($3.10/dose or $6.20/person which is the total investment required for the Facility to get started). In return, these participants receive the ability to decide which candidates they are interested in purchasing from their allocation of the Facility’s portfolio. While the upfront payment for the Optional Purchase is larger than for the Committed Purchase, the all-inclusive costs are expected to be the same for both arrangements. <https://www.who.int/docs/default-source/coronaviruse/covax-facility-explainer.pdf>

2 Vaccines received in the country: Sputnik V 100,000 - 13 February; Sinopharm: 500,000 - 2 March; iii) Sputnik V 100,000 - 7 March; iii) Sputnik V 50,000 - 29 March; iv) Sputnik V 50,000 - 14 April; and v) Sputnik V 80,000 - 22 April.
and founder of the Venezuelan illiterate elimination programme ‘Misión Robinson.’ President Maduro designated Prof. Eduardo Piñate to run the Ministry of Education starting from 2 May.

**Humanitarian Leadership, Coordination and Strategy**

During April, the United Nations Humanitarian Country Team (UNHCT) analysed the main conclusions of the 2020 Humanitarian Response. Among some of the outcomes, it was concluded that in Venezuela, the 2020 humanitarian response reached 4.9 million vulnerable people, 9 per cent more than the target population included in the 2020 Plan. This achievement was a result of Health and Water, Sanitation and Hygiene (ASH) Clusters wide coverage interventions in public establishments and infrastructure systems.

Despite these achievements, needs of people reached were not fully met, as in most cases beneficiaries received goods or services within a specific sector only. In several clusters, including Nutrition, Education, Food Security, and Shelter and Non-Food Items, low financing levels and operational challenges -due to the COVID-19 pandemic-, hampered reaching the targets. Likewise, geographic coverage was uneven as the response was concentrated in border areas and the capital city, Caracas, where there is greater presence of organizations and facilities. In prioritized states such as Amazonas, Monagas, Sucre and Anzoátegui, humanitarian needs were not met primarily due to low presence of humanitarian actors, which translated into reaching fewer people.

Moreover, the humanitarian financing was depicted by three trends during the time span of 2019-2020: (a) In absolute terms, there was an increase in funds, which shows greater confidence on the part of donors; (b) yet, Venezuela continues to be one of the most underfunded humanitarian operations (34.8 per cent of funding in 2019 and 21.6 per cent in 2020) and; (c) most funding is allocated to UN agencies, despite the increase in the funds received by international NGOs. It was also highlighted that national NGOs received funds through their partnerships with the UN and international NGOs.

Key priorities identified for 2021 included Accountability to Affected Populations (AAP) and community feedback on quality / satisfaction of the assistance provided, and the implementation of a more integrated and holistic approach with a focus on the Nexus.3

As part of its leading role in the implementation of the AAP inter-agency framework, UNICEF is advocating for a collective system of indicators to measure AAP compliance at product (output), effect (outcome) and impact level, thus helping UNICEF and partners to report on progress. High-level discussions with authorities about the interagency feedback mechanism to be implemented by UNICEF, the United Nations Food and Agricultural Organization (FAO), the International Organization for Migration (IOM), United Nations Population Fund (UNFPA), and United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in two municipalities in Zulia state are ongoing. Workflows and automated responses are being prepared, and an information-technology platform is being tested with the service provider.

**Summary of Programme Response**

Despite the significant funding gap and the restrictions derived from the COVID-19, during the reporting period UNICEF supported preventive health care provision to pregnant women; provided anti-retroviral treatment (ARVT) for children living with HIV; reached children and pregnant and lactating women (PLW) with nutrition services and treatment; focused on COVID-19 preparedness and response, through provision of safe water and hygiene promotion, including distribution of essential hygiene items to the most vulnerable communities; distributed educational kits to schools; and supported affected and at-risk children and adolescents with specialized protection programmes and services. As the UN agency with the largest footprint in the country, interventions were carried out nationwide, including provision of assistance in remote and hard-to-reach-areas.

**Health**

The COVID-19 National Technical Consultative Committee continued to meet, and UNICEF and the Pan American Health Organization (PAHO) were designated to mobilize the four Technical Subcommittees, which include: (a) cold chain, (b) service delivery, (c) vaccine safety and (d) logistics. As such, both agencies will be responsible for conveying meetings, disseminating related information and following-up with all stakeholders. For COVID-19 vaccinations, UNICEF has prioritized strengthening the cold chain at the national warehouse and will also support regional cold chain.

Regular immunization activities (non-COVID) experienced a significant contraction in March 2021, due to the COVID-19 restrictions, the extended lockdown at national level established by the Venezuelan government for 21 days, and a campaign calling upon communities to stay home. For this reason, despite the Ministry of Health’s (MoH) efforts to

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3 The ‘triple nexus’ refers to the interlinkages between humanitarian, development and peace actors. In the UN’s ‘New Way of Working (NWoW)’, these actors are expected to work towards collective outcomes over multiple years, when appropriate. The United Nations ongoing reform process envisions UN agencies working in humanitarian, development and peace realms be working together more ‘cohesively.’
guarantee the continuity of services, especially through the Expanded Programme of Immunization (EPI), a decline in immunization demand and an alteration in the immunization trend for 2021 was registered in March, compared to coverages during 2020, except for yellow fever where coverages were 21.6 per cent compared to 20 per cent in 2020.

To address low coverages and bring vaccination services closer to the community, UNICEF -in coordination with MoH and PAHO-, has planned to support the implementation of a Recovery of Non-Vaccinated Strategy at community level starting from May.

As of April, 71,433 beneficiaries (47,600 women and 23,833 newborns) had been reached with lifesaving activities. Some 5,504 pregnant women, including some 1,696 pregnant adolescents, were treated during their first prenatal consultation, while 10,874 women, including 1,244 adolescents, and their newborns (5,616 boys and 5,258 girls) received care in UNICEF-supported delivery rooms and obstetrics services across 128 health centres, including outpatient health care centres, comprehensive diagnostic centres, and hospitals. Also, some 563 seriously ill newborns (284 girls and 279 boys) were hospitalized at UNICEF-supported neonatal intensive care units (NICU); some 2,601 health workers (1,303 men and 1,298 women) benefited from personal protective equipment (PPE); and 22 Emergency Kits were distributed to strengthen emergency care across 20 health care facilities in four states with the highest incidence of COVID-19 (Capital District, Falcon, Miranda and Zulia states).

Additionally, medical devices for newborn cardiopulmonary resuscitation were delivered to three national reference hospitals in Bolivar, Amazonas and Caracas Capital District, and an outpatient health care center in Táchira, for the intensive care units of
Neonatology and Pediatrics. Likewise, voltage stabilizers were also distributed in support to electronic equipment delivered. Moreover, UNICEF supported air conditioning repairs in the neonatal health care unit of the Maracaibo University Hospital, which will benefit about 300 new-borns each year. UNICEF also supported repair works for 14 ambulances from the public health network in Merida state, which will benefit over 130,000 children and pregnant women. Ultrasound equipment and steam sterilizing devices were delivered to the Caicara del Orinoco Hospital, to benefit some 2,000 pregnant women per year; and another steam sterilizer was delivered to La Paragua outpatient facility, which is the last health center with land access, close to the border with Brazil in Bolivar state.

During the reporting period, some 338 health workers (229 women and 109 men) from maternal and children wards in the Luis Razetti Hospital, located in Delta Amacuro state, were trained on prevention of intra-hospital diseases and waste management; while 20 CAINNAM4 workers (13 women and 7 men) were trained in detection and timely referral of COVID-19 cases in the state of Táchira. In addition, some 88 health workers (75 women and 13 men) who had completed capacity building activities linked to an incentives programme in Bolivar state, received their completion credentials, together with a donation of household appliances and office supplies for the six health centres they work in, contributing to health staff wellbeing in UNICEF-supported hospitals.

UNICEF, as the sole provider of paediatric ARVT in Venezuela, provided 1,070 children and adolescents under 15 years of age living with HIV (513 girls and 557 boys), with ARVT according to the corresponding schemes.5 Also, some 5,043 children and adolescents under 19 years of age (2,420 girls and 2,623 boys), beneficiaries of the National HIV / AIDS / STI programme, had access to treatment for opportunistic infections also provided by UNICEF. In Bolivar state, three pregnant women received antiretrovirals during obstetric care for HIV prevention of mother-to-child transmission. In addition, 2,035 rapid diagnostic tests for HIV / syphilis were carried out in pregnant women, including 506 pregnant women under 19 years of age, and 1,529 women over 20 years of age, of which 10 were positive for HIV (0.49 per cent) and 80 were positive for syphilis (3.9 per cent). It is important to highlight that pregnant women who are tested positive, are referred to the national HIV programme where treatment is provided, in the corresponding state. Some 19 general physicians (17 women, 2 men) from the Caracas Capital District and La Guaira state outpatient network, were trained on the application of rapid diagnostic tests for HIV/Syphilis in prenatal consultation.

Lastly, in coordination with UNFPA and the MoH, UNICEF child protection/gender-based violence (GBV) team has been supporting the nationwide implementation of the Clinical Management Protocol for survivors of sexual violence in outpatient clinics and hospitals. In support of this protocol, UNICEF’s Health team will provide emergency kits, PPE, essential medicines, HIV/syphilis rapid diagnostic tests for pregnant women and ARVT for children enrolled in the National HIV / AIDS / STI programme; while UNICEF’s Child Protection/GBV programme will provide training on referral pathways, and protection of survivors of sexual violence.

### Nutrition

During April 2021, UNICEF through implementing partners, continued supporting the provision of nutrition services in community and outpatient public health centers. Preventive and curative nutritional services were provided nationwide to 9,949 children under five (4,734 girls and 5,215 boys), including 124 indigenous children and 29 children with disabilities. Also, 6,852 children from 5 to 14 years old, had access to deworming treatment to prevent intestinal infection. A total of 3,034 PLW (1,177 pregnant and 1,857 lactating, including 711 pregnant and lactating adolescents) received nutritional services such as deworming, micronutrient supplementation, prevention and treatment of acute malnutrition, and infant and young child feeding (IYCF) counseling.

Some 6,942 children under five (3,348 female and 3,594 male) were screened nationwide by UNICEF implementing partners, using middle upper arm circumference (MUAC) screening, and according to data collected 271 children under five (151 girls and 120 boys) were identified with acute malnutrition, including 88 children (49 girls and 39 boys ) with severe acute malnutrition (SAM) and 183 children (102 girls and 81 boys) with moderate acute malnutrition (MAM). Children with acute malnutrition received treatment. While this information is not statistically representative at the national level and therefore does not reflect the situation in the country, it does provide guidance for UNICEF programmes.

In addition, 5,326 children from 6 to 59 months (2,515 girls and 2,811 boys) received multiple micronutrient supplementation, while 892 children (458 girls and 434 boys) received nutrients or lipid-based nutritional supplement (LNS- MQ), as well as energy and protein supplements for the prevention of acute malnutrition.

Besides, 539 children between 6 to 23 months (250 girls and 289 boys) were screened for anaemia:120 of them (57 girls and 63 boys) were identified with mild anaemia, while 57 children (34 girls and 23 boys) were identified with

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4 CAINNAM is the Integral Attention Center for children and women in the San Antonio terminal in Táchira state.

5 HIV treatment is based on combined anti-retroviral schemes, where several components are needed. Treatments are provided to children on a daily basis. There are three schemes used for children in Venezuela (standard, composed of available treatment and for patients that have developed resistant to other treatments), where the first two schemes are the most common ones among HIV+ paediatric patients.
moderate anaemia. Affected children received treatment with iron supplements and two cases of severe anaemia were referred to the health system for immediate attention.

During April, out of 3,034 PLW screened, 92 pregnant women and 446 lactating women (including 193 adolescents) were identified as malnourished and received Plumpy Mum LNS to improve their nutritional status and reduce the risk of low birth weight and infant and maternal morbidity. Additionally, 2,517 PLW received multiple micronutrient supplements and 1,595 pregnant women (in their second and third gestation quarter) received prophylactic antiparasitic treatment for intestinal infections and nutritional anaemia.

In Zulia state, implementing partner PALUZ, carried out 15 nutritional screening sessions, hosting over 2,302 children under five (1,188 boys and 1,114 girls) and 607 PLW. At the same time, 1,506 children from 2 to 14 years old (796 boys and 710 girls) received deworming treatment, in highly vulnerable communities in Maracaibo municipality.

With support of communities, key messages were disseminated on infant and young child feeding (IYCF), under a COVID-19 context to 2,909 people (1,800 women and 1,109 men) including primary caregivers, mothers, and fathers of children under five.

Thanks to UNICEF’s technical support and provision of nutritional supplies, health directorates in Falcón and Trujillo states kept the nutrition programme operational in 32 and 6 health centers, respectively, reaching 751 children under five (380 girls and 371 boys) and 260 PLW in Falcón and 200 children under five (120 girls and 80 boys) and 120 PLW in Trujillo, in remote and rural areas of the country.

UNICEF, through implementing partners ALINCA and A.C. El Paragüero, and in coordination with health directorates of the Bolívar, Anzoátegui, Monagas and Delta Amacuro states, reached 7,224 children under five (3,652 girls and 3,572 boys) with nutritional screening and interventions including prevention and treatment of acute malnutrition. Likewise, some 4,587 children 2-14 years old (2,322 girls and 2,265 boys) received deworming treatment. Additionally, with UNICEF’s technical guidance ALINCA trained 10 health personnel (6 women and 4 men) on integrated management of acute malnutrition, and delivered supplies to support nutrition programmes in the indigenous communities of Guayo and Curiapo, Antonio Díaz municipality (which can only be reached through fluvial access), located at 92 nautical miles from the city of Tucupita, in Delta Amacuro state.

Furthermore, 30 premature newborns (13 girls and 17 boys) received care in three UNICEF-supported maternity wards in Caracas Capital District, through the Kangaroo Mother Care, which is a comprehensive care programme in health, nutrition and early development, for premature babies, mothers and families.

On top, in coordination with the Nutrition Cluster, UNICEF provided MUAC tapes to non-UNICEF partners, for community-level screenings for children and pregnant and lactating women to identify cases of malnutrition.

Under the framework of the Inter-Agency Standing Committee standards on Accountability to Affected Populations (AAP), and to strengthen the AAP approach of humanitarian organizations working in Venezuela, the Nutrition Cluster, with OCHA’s technical support, conducted a training on AAP knowledge and feedback mechanisms for nutrition partners, as a way to foster the incorporation of the population’s voice in the Humanitarian Response Plan projects, from planning and throughout implementation.

During April, inter-cluster integration continued between WASH and nutrition sectors, where Nutrition Cluster’s partners were introduced to the Water and Sanitation for Facility Improvement Tool (WASH-Fit) for health centers, to align partners’ health facilities to minimum WASH standards. Furthermore, a WASH-Fit for schools is being developed by WASH Cluster for the same purpose, as some nutrition partners implement preventive-nutritional activities in schools.
The IYCF in emergencies technical working group, created a series of key messages to raise awareness on the proper use of therapeutic milks F-75 and F-100 among community and health workers for the health care of children and breastfeeding protection. **Flyers are available on this link.**

Having launched the [Needs Findings Tool](#) in March, and as part of the initiatives to strengthen the intersectoral referral mechanism between the Nutrition Cluster, the Child Protection and the Gender-Based Violence (GBV) Areas of Responsibility (AoR), conducted an orientation session to Nutrition Cluster partners on identification of protection risks and GBV in children and women. Likewise, the Nutrition Cluster conducted an orientation session for the AoRs partners on identification and referral of malnutrition cases among children and PLW. In addition, Save the Children was elected as the Nutrition Cluster Co-lead after an open call to all cluster partners and members including national and international organizations. The Cluster Co-lead will strategically advise the Nutrition Cluster in close dialogue and coordinated action with the national coordinator.

**WASH**

During the month of April, UNICEF focused on COVID-19 preparedness and response, with the provision of safe water and hygiene promotion, including distribution of essential hygiene items to the most vulnerable communities and key institutions, such as health care facilities, migrant temporary shelters, child protection centres and schools.

To support safe water access in the most vulnerable states, UNICEF and the Ministry of Water (MoW) have been working together on improving several facilities. In Bolivar state, two 45 m\(^3\) water tanks were installed and connected to the local water network, in two vulnerable communities of Ciudad Guayana benefitting some 3,456 persons (2,368 adults, 547 girls, and 541 boys).

In Zulia state, the rehabilitation works of Zanzibar water treatment plant and Puerto Cuervito water pumping station, located in the indigenous municipality of Guajira in the border with Colombia, were completed and are now providing access to safe water to 15,000 persons (10,277, adults, 2,375 girls, and 2,349 boys), for the first time after 10 years of being inoperative. UNICEF has also delivered to HidroLago, the Zulia state water system, two welding and cutting equipment to support local waterpipe network repairs and ensure leaks are kept to a minimum. UNICEF and partner Action Against Hunger (ACH), have also rehabilitated two wells/boreholes in Campo Rosario de El Cruce community, located in the municipality of Jesús María Semprúm, Zulia state, planning to reach approximately 13,000 persons (8,906 adults, 2,058 girls, and 2,036 boys) with safe and resilient access to water. All interventions were complemented with temporary water trucking services, operation and maintenance, distribution of tools and equipment, capacity building and technical assistance to MoW staff, community-led hygiene promotion activities, including distribution of household water treatment and storage supplies, hygiene kits, and hygiene campaigns to MoW staff and vulnerable communities.

Likewise, UNICEF supported with infection prevention and control (IPC) strategies 73 health care facilities across eight states, through distribution of key cleaning and hygiene products and PPE, installation of handwashing points, and provision of technical assistance and capacity building on IPC-related subjects, such as handwashing, environmental cleaning, health care facilities waste management practices, and correct use of PPE. In Táchira state, nine primary health care facilities had their handwashing points installed/repaired, in key locations where care is provided. In Bolivar state, works have started to build a biological waste landfill at Caicara del Orinoco Hospital; while in Caracas Capital District, another round of trainings to operate electrolytic saline chlorinators have started in five main hospitals. All interventions have been complemented with other activities such as the provision of hygiene kits to patients, health, operations and maintenance staff, contributing to the sustainability of quality health services.
UNICEF and implementing partners supported 11 temporary shelters (protection centres and COVID-19 quarantine shelters), in Zulia, Gran Caracas and Bolivar states, with daily access to water, through water trucking and/or rehabilitation works; in addition to distribution of handwashing, cleaning and disinfection supplies, benefiting a total of 6,604 persons (4,524 adults, 1,045 girls, and 1,034 boys). UNICEF has also supported 72 schools across five states, with WASH infrastructure rehabilitation, distribution of hygiene, cleaning and disinfection supplies, which will ensure that 33,867 persons (23,202 adults, 5,361 girls, and 5,304 boys) have access to adequate WASH services when schools re-open.

During April, the WASH Cluster reviewed and updated the WASH Strategic Operating Framework, engaging with and reinforcing linkages with other key clusters, with a focus on health, nutrition and education. The platform has also served to mobilise and engage sectoral members in a key project for the sector, led by Centre for Affordable Water and Sanitation Technology (CAWST) and supported by UNICEF, aimed at reinforcing capacities in household water treatment and storage technologies amongst WASH actors and other key cluster members.

**Child Protection and Gender-Based Violence**

In April, UNICEF supported affected and at-risk groups of children and adolescents with specialized protection programmes and services. A total of 1,649 children (704 boys and 945 girls) were reached with legal support, child protection measures, alternative care, and case management. Also, UNICEF and Red Latinoamericana de Acogimiento Familiar (RELAF) produced a manual for alternative care programmes of children left behind, which was disseminated to five UNICEF implementing partners working on alternative care, UNICEF Field Offices and the Child Protection Councils in the municipalities of Sucre and Baruta (Miranda state); San Cristobal (Táchira state); and Iribarren (Lara state).

Actions for mitigation, prevention, and response on GBV issues continued throughout April, where 2,527 people (1,659 women, 260 men, 380 girls and 228 boys) received preventive or responsive services for GBV, including case management and legal assistance. A total of 3,071 children (1,131 boys and 1,940 girls) and 569 caregivers (480 women and 89 men) accessed psychosocial support programmes. Awareness and training on protection issues, with an emphasis on positive parenting, prevention of family separation and information on who to call for help, or how to report a violation to children rights, reached 7,631 people, including 7,173 people (5,230 women and 1,943 men) in communities; 246 staff from state institutions (212 women and 34 men) and 212 staff from civil society organizations (183 women and 29 men).

UNICEF provided GBV training, focused on child sexual exploitation and abuse, to 20 staff members (16 women and 4 men) from implementing partner working on providing response to afro-descendant populations located in a violent area in Miranda state.

In the Bolívar state, 741 children, adolescents and caregivers (386 girls, 296 boys, 54 women and 5 men) received psychosocial support and specialized protection services in Caroní, Angostura del Orinoco and Gran Sabana municipalities. Beneficiaries included adolescents in conflict with the law, children and adolescents’ survivors of violence -including GBV-, people on the move, and unaccompanied and separated children (UASC) in the border with Brazil. Four cases of family reunification for unaccompanied children coming from Brazil were supported through Child Protection Councils, in coordination with civil society organizations. In addition, 1,098 people (20 boys, 45 girls, 857 women and 176 men) were sensitized on child protection issues, including GBV prevention and mitigation, in communities and health centers.

In Táchira state, the CAINNAM provided support to 3,827 people (1,148 girls, 1,171 boys, 1,371 women and 137 men), mainly with services to children and women on the move and people living in the surroundings of the border city of San
Antonio. UNICEF also delivered 95 stationery kits to all the authorities of the Child Protection System both in Apure and Táchira state, to strengthen their child protection response capacities, at border areas.

Despite the increase in confirmed COVID-19 positive cases in communities, UNICEF and partners reinforced protection measures and kept psychosocial support active in the most vulnerable communities in the states of Zulia and Lara, where 684 people (293 girls, 284 boys, 104 women, 3 men), received individual or group psychosocial support. In Lara state, one of the states with the highest mobility in the country, 45 children (25 girls and 20 boys) were assisted with family reunification services. In addition, 35 parents and caregivers (27 female and 8 male) in communities were trained in positive parenting, family separation and child protection. Likewise, UNICEF reinforced prevention of family separation, reaching 692 people (462 women and 230 men) with this activity.

In coordination with the child protection authorities, UNICEF maintained protection services active in migrant temporary shelters still operating in Guajira, Zulia state. Accordingly, the child protection and WASH sections delivered hygiene and personal protection non-food items to 47 people (10 girls, 11 boys, 12 women, 14 men), including children and their families.

During the reporting period, the Child Protection Area of Responsibility (AoR) with OCHA and the GBV AoR carried out a training on AAP. A total of 76 members of the civil society and NGOs participated in the activity. In addition, the CP AoR at subnational level in Ciudad Guayana, coordinated a work group to improve the assistance of UASC in the border with Brazil. Local, national and international NGOs, UNFPA, UNHCR, OCHA, as well as UNICEF Venezuela and UNICEF Brazil participated in this activity. The coordination mechanism provided support to the four UASC reunification cases from Brazil. Finally, in the subnational CP AoR, 22 members (15 women and 7 men) from organizations in Bolívar, Delta Amacuro, Sucre and Anzoátegui were trained on prevention of human trafficking, with emphasis on children and adolescents.

**Education**

In Venezuela, schools continued to provide remote education for children, offering face-to-face pedagogical support to students when required by their families. UNICEF supported children and their families in educational interventions across 126 municipalities in 21 states of the country, with feeding programmes, distribution of school materials, distance education activities, psycho-educational attention, teacher training, life skills training for adolescents and incentives for teachers.

In April, learning kits were distributed to 127 schools, benefiting 29,321 students (14,241 girls and 15,080 boys), including 335 children from indigenous populations and 83 children with disabilities. These materials were delivered to seven states: Amazonas, Apure, Bolivar, Merida, Miranda, Táchira and Zulia. With supplies received through learning kits, schools prepared individual bags for each child with notebooks, pencils, colour pencils, geometry sets and other school supplies for learning at home.

Remote education services were provided to 142,389 children (74,333 girls and 68,056 boys) in 17 states of the country: Amazonas, Anzoátegui, Apure, Bolivar, Barinas, Carabobo, Distrito Capital, Falcon, La Guaira, Lara, Mérida, Miranda, Monagas, Sucre, Táchira, Trujillo and Zulia. This assistance was provided through the delivery of a learning strategy which consists of didactic tasks to be done at home, telephone counselling individualized on-site assistance in schools to prioritized groups.

The educational radio programme ‘La Escuela en la Radio’ (School on the Radio), broadcasted since the beginning of the pandemic, has continued offering daily learning content for preschool, primary and secondary school students. It is estimated that 2,707,422 children (1,319,778 girls and 1,387,644 boys) have been reached indirectly through the radio educational programmes.

Moreover, as of April, the school feeding programme benefited 53,285 children (26,915 girls and 26,370 boys) in the states of Apure, Amazonas, Bolivar, Táchira and Zulia, operating through the delivery of non-perishable food baskets to students. This group includes 2,957 children from the indigenous population. Some 1,536 teachers and other educational personnel also received food bags as incentives to promote their continuity in teaching.

Socio-emotional support has been provided to 148,687 children (77,385 girls and 71,302 boys, including 2,997 children from indigenous peoples and 930 children with disabilities) in subsidized schools located in vulnerable sectors across
17 states, through remote guided activities on self-care, promotion of values, and family activities to be performed at home.

Also, in April, a remote training programme for adolescents aimed at developing key competencies for their well-being and development began. The programme consists of developing skills they need to cope with crises, establishing healthy relationships and fostering positive commitment towards their communities. Around 3,258 adolescents participated (1,661 girls and 1,597 boys) from 13 states of the country.

Some 3,660 teachers (2,876 women and 647 men) from 17 states participated in training workshops during April, in the areas of planning and pedagogical follow-up for distance learning students, life skills programmes for adolescents, socio-emotional support and educational attention to children with visual disabilities. Since the beginning of 2021, some 7,704 teachers have been trained.

The Education Cluster’s work was focused on the development of the working groups frameworks for action. Weekly sessions of the nine groups have been developed: out of school children, school feeding, distance learning, teacher training, psychosocial support and indigenous peoples, children with disabilities, gender and WASH in schools. Working Groups began with the elaboration of a diagnosis, followed by a design of common operating criteria, quality standards, monitoring framework and to close recommendations. A full document will be integrated in May as one of the inputs for the sectoral strategy and education chapter for the Humanitarian Response Plan (HRP) 2022.

Communications for Development (C4D), Risk Communication and Community Engagement (RCCE), Accountability to Affected Populations (AAP)

In April, C4D reached 3,060,597 people through the dissemination of key messages in mass media such as radio, television and social networks, in partnership with CISP, FINAMPYME, IRFA, REDISALUD and FUDANA. In addition, ten murals on children's rights were painted by Wayuu indigenous artists with the support of the community, in The Centre for Comprehensive Child Development Centre (CEPIN) facilities, located in the municipality of Maracaibo, Venancio Pulgar parish, displaying messages in Wayuunaiki (local indigenous language) and Spanish.

Some 2,590 items of printed materials on handwashing techniques and support for caregivers during COVID-19 times, were distributed by the Norwegian Refugee Council (NRC) to some 10 schools located in the parishes of Francisco Eugenio Bustamante, Antonio Borjas Romero and San Isidro, Maracaibo municipality (Zulia state). Concurrently, Organización de Familia a Familia delivered material to communities in Santa Isabel and Los Pocitos, Juan de Villegas parish, Iribarren municipality, Lara state.

Furthermore, during April, C4D supported implementing partners in the education, nutrition, WASH, protection and health sectors with the distribution of 26,056 printed materials on COVID-19 prevention, psychosocial support in times of COVID-19, correct hand washing techniques, school schedules to promote the school routine at home, breastfeeding with COVID-19 and free birth registration. These materials were distributed through implementing partners and allies (FUDEP, DVC, Caritas, Familia a Familia, UNHCR, FUNDANA, Apure Educational Zone and the Nutrition National Institute), in Zulia, Táchira and Bolivar states, including 104 schools in Merida state, and six hospitals, one outpatient centre and one health centre in Caracas Capital District, as well as two health departments in the MoH.

In addition, 23 digital materials with key messages promoting the adoption of family practices for life (hand washing, COVID-19 prevention, access to safe water and waterborne diseases) were disseminated through CISP's social media networks and instant messaging applications, reaching 1,393 people.

UNICEF C4D team, with technical support from the Health programme, conducted a workshop on key messages on Essential Life-saving Practices and COVID-19 Prevention Measures, benefitting 79 people (59 women and 20 men)

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6 Amazonas, Anzoátegui, Apure, Bolivar, Barinas, Carabobo, Distrito Capital, Falcon, La Guaira, Lara, Mérida, Miranda, Monagas, Sucre, Táchira, Trujillo and Zulia.

7 Anzoátegui, Apure, Bolivar, Barinas, Carabobo, Falcon, Lara, Mérida, Miranda, Monagas, Sucre, Trujillo and Zulia.
from 13 organizations, including FUDEP, Acción Campesina, UNHCR, ALINCA, CISP, AfroAmiga, FUNDAINIL, IRFA, NRC, IOM, Civil Protection Caroni, and RET. Topics discussed included COVID-19 preventive measures, breastfeeding during COVID-19, importance of education at home in times of COVID-19, correct hand washing techniques, child protection messages in times of confinement.

In addition, 1,045 people were involved in behaviour change activities promoted by community promoters, influential leaders and implementing partners. A total of 713 people (338 men and 375 women) were reached by CISP community promoters disseminating messages on the six topics of the ‘healthy housing model,’ in municipalities Andres Bello, Ayacucho, Cordoba, Fernandez Feo, Libertador, Lobatera, Michelenca, Samuel Dario Maldonado and Sucre, in Táchira state. Also, Fe y Alegria disseminated COVID-19 preventive messages, reaching 321 people (62 girls, 119 women, 76 boys and 64 men), in Gran Sabana, Cedeño and Cifontes municipalities, Bolivar state. ASEINC trained 11 state coordinators online, in areas such as health, nutrition, protection, hygiene and education for the programme ‘Installation and development of capacities in communities,’ in the states of Táchira, Bolivar, Zulia, Caracas Capital District, Miranda and Delta Amacuro.

Regarding AAP, progress has been made under the pillars of UNICEF Venezuela’s AAP Framework. For (a) Leadership, Coordination and Results, the streamlining of indicators and activities that comply with AAP through programme documents and reporting tools is underway and a series of trainings at national and local level have been implemented to UNICEF and partners’ personnel. Regarding (b) Communication with Communities, an information kit is being developed with UNICEF’s Communications team, to guide information provision activities on the field. Lastly, in terms of (c) Feedback, several mechanisms both at field and central level are being implemented, such as the quick feedback system at the CAINNAM to collect users’ satisfaction and suggestions that are taken into consideration to ameliorate service provision and programmatic adjustments (e.g., the installation of a ventilation system in the center, and the training of community promoters to reinforce information provision); and the national report line to report sensitive feedback that is helping to collect potential violations of the code of conduct by its personnel and partners and therefore to ensure a principled action in the field; and a Risk Committee is under development to ensure a seamless and confidential management of sensitive issues.

Planning, Monitoring and Evaluation

In April, 315 monitoring activities were carried out by staff in different types of facilities across 17 out of the 24 states in Venezuela. Efforts were mostly focused on supply monitoring (53.6 per cent) and results monitoring (14.2 per cent), where supplies monitored were mostly related to health (53.8 per cent) and WASH (19.5 per cent) supplies.

Vaccine administration in 2,238 children under five was verified through third-party monitoring in 41 municipalities of 15 federal entities. Opinions were also gathered on the vaccination process, as well as perceptions and knowledge about COVID-19 vaccines.

Also, to promote transparency and accountability to all partners and stakeholders, UNICEF continues to regularly update its dashboards on 1) UNICEF & implementing partners’ interventions in Venezuela (new), 2) supplies delivered, 3) COVID-19 in Venezuela, and 4) monitoring activities. Most dashboards are accessible via UNICEF’s Tableau Public page and are available in both English and Spanish.

Supply and Logistics

In April 2021, UNICEF Venezuela ordered goods for a total value of over US$ 1 million, divided into US$ 822,000 for international procurement (30 per cent nutrition, 14 per cent cold chain equipment, 31 per cent vaccines and accessories, 22 per cent medical kit and visibility items for the remaining) and US$181,000 for local purchase (mainly PPE and WASH).

Additionally, UNICEF received 23.4 tons of air cargo in-country, representing a total value of US$ 3.1 million; this includes 10 tons of vaccines for a value of over US$ 1.8 million and 8 tons of PPE masks donated by the Government of the Republic of Korea for US$ 1.01 million. Remaining were mostly ARV treatment. 40.7 tons of sea freight were also received for a value of US$ 232.800; 70 per cent were medical kits, the other 30 per cent were for nutrition.

During the reporting period, UNICEF distributed a total amount of US$ 3.1 million of relief supplies representing 89.5 tons, with vaccines going directly to the MoH warehouses, and other supplies being dispatched from UNICEF warehouses to various partners through the whole country.

8 The six topics of the healthy housing model are: (i) housing and its environment; (ii) water quality at the household; (iii) excreta and greywater; (iv) housing solid waste; (v) housing and hygiene and vector control; and (vi) family environment at home.
Finally, US$ 25,000 of WASH equipment were sent directly from local providers to implementing partners in Bolívar state.

**Human Interest Stories and External Media**

Guided by humanitarian principles, during the reporting period, UNICEF Venezuela produced a range of media content to highlight the response in health, WASH, education, and child protection: four HIS and over 50 photos were produced and disseminated through social media channels reaching over 10 million impressions and 110K interactions.

As a milestone, UNICEF Venezuela released its **annual report 2020** which summarizes a year of work and provides an overview of the challenges faced to keep children healthy, protected, and learning despite the COVID-19 pandemic.

As part of the global communication campaign **#VaccinesWork**, under the framework of the World Immunization Week, UNICEF Venezuela launched a digital campaign to raise awareness on the importance of ‘no child should die from preventable diseases’ and spread the message that vaccines are safe. The campaign reached 114.5K impressions and over 5.4K interactions (comments, likes, and retweets) through 33 posts. Some of the assets produced included: [COVID-19 is still here!](#) ii) [Are vaccines safe?](#), iii) [Vaccines for children](#) and iv) [Vaccines save life](#).

A series of communication materials, social media messages and training were developed for AAP.

As the leading agency of the Interagency Communication Group and the Humanitarian Communication Group, UNICEF Venezuela provided a series of communication assets for interagency communication purposes.

**Human interest stories (HIS) and multimedia stories:**

- Video: [UNICEF supports the installation of water tanks to benefit the country's indigenous communities](#)
- Video: [UNICEF continues to support the strengthening of the cold chain in Venezuela](#)
- Video: [UNICEF supports the strengthening of the cold chain for vaccines and the Routine Immunization Programme in Venezuela](#)
- Video: [UNICEF works to reach children and adolescents in the most remote parts of Venezuela](#)
- Video: [UNICEF reached children and pregnant and lactating women through nutrition services](#)
- HIS: [The journey of a vaccine: a journey at optimal temperatures for its conservation](#)

UNICEF Venezuela: [https://www.unicef.org/venezuela/](https://www.unicef.org/venezuela/)
UNICEF Venezuela Facebook: [https://www.facebook.com/unicefvenezuela/](https://www.facebook.com/unicefvenezuela/)
UNICEF Venezuela Twitter: [@unicefvenezuela](https://twitter.com/unicefvenezuela)
UNICEF Venezuela Instagram: [@unicefvenezuela](https://www.instagram.com/unicefvenezuela/)

**Who to contact for further information:**

<table>
<thead>
<tr>
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<th>Position</th>
<th>UNICEF Venezuela Email/Tel</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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Email: ve argudo@unicef.org
Email: rortega@unicef.org
### Summary of Programme Results (HAC)

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and Partners</th>
<th>Sector Response&lt;sup&gt;9&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Dec 2021 target</td>
<td>Total results (Jan-Apr)</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 0 to 12 months vaccinated against measles</td>
<td>533,600</td>
<td>91,545</td>
</tr>
<tr>
<td>Children aged 0 to 12 months fully vaccinated with three doses of</td>
<td>532,192</td>
<td>69,225</td>
</tr>
<tr>
<td>pentavalent vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant women &amp; new-born babies receiving maternal/neonatal life-saving</td>
<td>246,900</td>
<td>71,433</td>
</tr>
<tr>
<td>services in UNICEF-supported facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare workers in healthcare facilities and communities provided</td>
<td>60,000</td>
<td>8,416</td>
</tr>
<tr>
<td>with personal protective equipment (PPE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary caregivers of children aged 0 to 23 months receiving infant</td>
<td>155,500</td>
<td>36,582</td>
</tr>
<tr>
<td>and young child feeding counselling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6 to 59 months with severe and moderate acute</td>
<td>51,447</td>
<td>3,646</td>
</tr>
<tr>
<td>malnutrition admitted for treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6 to 59 months and pregnant and lactating women</td>
<td>688,100</td>
<td>60,269</td>
</tr>
<tr>
<td>receiving micronutrient supplementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing a sufficient quantity of safe water for drinking</td>
<td>3,000,000</td>
<td>423,049</td>
</tr>
<tr>
<td>cooking and personal hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children accessing appropriate water, sanitation and hygiene</td>
<td>300,000</td>
<td>27,997</td>
</tr>
<tr>
<td>facilities and hygiene services in learning facilities and safe spaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People receiving basic hygiene information and/or essential hygiene</td>
<td>1,540,000</td>
<td>374,220</td>
</tr>
<tr>
<td>products&lt;sup&gt;14&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection, Gender-based Violence &amp; PSEA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and caregivers accessing mental health and psychosocial</td>
<td>150,250</td>
<td>16,575</td>
</tr>
<tr>
<td>support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women, girls and boys accessing gender-based violence risk mitigation,</td>
<td>60,000</td>
<td>7,392</td>
</tr>
<tr>
<td>prevention or response interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with access to safe channels to report sexual exploitation and</td>
<td>10,000</td>
<td>-&lt;sup&gt;15&lt;/sup&gt;</td>
</tr>
<tr>
<td>abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children accessing formal or non-formal education, including early</td>
<td>150,000</td>
<td>127</td>
</tr>
<tr>
<td>learning&lt;sup&gt;17&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children receiving individual learning materials</td>
<td>1,180,000</td>
<td>240,974</td>
</tr>
<tr>
<td>Children benefiting from balanced school feeding programmes with</td>
<td>400,000</td>
<td>53,285</td>
</tr>
<tr>
<td>hygiene standards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C4D, Community Participation &amp; AAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People participating in engagement actions for social and</td>
<td>25,000&lt;sup&gt;18&lt;/sup&gt;</td>
<td>43,816</td>
</tr>
<tr>
<td>behavioural change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People who shared their concerns and asked questions/clarifications</td>
<td>52,000</td>
<td>2,447</td>
</tr>
<tr>
<td>to address their needs through established feedback mechanisms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>9</sup> Sector Response includes UNICEF implementing partners and cluster response.

<sup>10</sup> Data from March 2021, as reporting from the Venezuelan Ministry of Health is submitted with a month of delay.

<sup>11</sup> Idem

<sup>12</sup> Based on the application of new criteria on the continuity of the water service (according to Cluster adjustment) in the calculation of beneficiaries reached, UNICEF results have been recalculated and adjusted downwards, to better reflect actual daily coverage.

<sup>13</sup> Decrease in this figure, compared to last month’s reported result, is due to a change in the way the number of beneficiaries is calculated for this indicator. In previous months, we used the sum of all children and adolescents in all areas of intervention who benefited from all WASH activities as reference for this indicator. Given the rapid rise in the number of beneficiaries, we reviewed the calculations in detail and made a few corresponding adjustments to avoid duplication of beneficiaries.

<sup>14</sup> Changed in indicator as it focuses only on people reached with information and basic hygiene products.

<sup>15</sup> Indicator applies to out-of-school children only.

<sup>16</sup> C4D targets for 2021 were estimated based on the reality of 2020, when activities that included engagement and behaviour change were severely limited by the pandemic. As part of the lessons learned, UNICEF started to include electronic materials and remote or online activities (which were not previously accounted for) that have added to the digital strengths that implementing partners have developed. These have allowed UNICEF to expand the scope of activities and largely exceed targets for 2021. Although these activities have greater reach, they also have less impact on behavioural changes, so they need to be replicated more frequently in populations that have already been reached.
| People reached with messages on access to services and live-saving behaviours | 4,800,000<sup>19</sup> | 7,079,129<sup>20</sup> |

<sup>19</sup> idem.

<sup>20</sup> It is expected that the public reached by this mass communication activity on a monthly basis will be approximately the same. For that reason, the results reported for this indicator will always be the maximum number of beneficiaries reported in any given month up until the current month of report.
### Annex B

#### HAC Funding Status\(^{21}\)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Humanitarian resources received in 2021</th>
<th>Other resources used in 2021</th>
<th>Resources available from 2020 (Carry-over)</th>
<th>$</th>
<th>per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>26,960,000</td>
<td>367,946</td>
<td>146,092</td>
<td>2,212,372</td>
<td>24,233,590</td>
<td>90</td>
</tr>
<tr>
<td>Health</td>
<td>34,915,000</td>
<td>776,041</td>
<td>1,975,037</td>
<td>12,154,830</td>
<td>20,009,092</td>
<td>57</td>
</tr>
<tr>
<td>WASH</td>
<td>70,200,000</td>
<td>141,977</td>
<td>0</td>
<td>6,701,673</td>
<td>63,356,350</td>
<td>90</td>
</tr>
<tr>
<td>Child Protection</td>
<td>16,255,000</td>
<td>767,930</td>
<td>63,552</td>
<td>2,026,646</td>
<td>13,396,872</td>
<td>82</td>
</tr>
<tr>
<td>Education</td>
<td>50,260,000</td>
<td>4,328,070</td>
<td>0</td>
<td>4,086,194</td>
<td>41,845,736</td>
<td>83</td>
</tr>
<tr>
<td>C4D</td>
<td>3,200,000</td>
<td>71,028</td>
<td>74,063</td>
<td>997,206</td>
<td>2,057,704</td>
<td>64</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>201,790,000</strong></td>
<td><strong>6,452,992</strong></td>
<td><strong>2,258,744</strong></td>
<td><strong>28,178,921</strong></td>
<td><strong>164,899,342</strong></td>
<td><strong>82</strong></td>
</tr>
</tbody>
</table>

\(^{21}\) As defined in [Venezuela 2021 Humanitarian Appeal](https://example.com/2021) launched on 3 December 2020 for a period of 12 months.